This section of the Family PACT: Billing Code List identifies the procedure codes to be used for Family PACT Urinary Tract Infection (UTI) and dysplasia treatment complication services described in the *Family PACT: Complications Services Overview [familypact13]* section of this manual. These procedure codes are billed with the appropriate concurrent ICD-9-CM diagnosis code, together with the appropriate (client's family planning method) Family PACT primary diagnosis "S" code.

UTI/Dysplasia Services for Females Only

Services for concurrent conditions of UTI and dysplasia are for females only.

Complication Services Require TAR

Family PACT benefits include management of UTI and dysplasia treatment complications. Complications services are part of a pre-selected benefits package.

Complications services must have prior authorization obtained through the Medi-Cal *Treatment Authorization Request* (TAR) process.

Note: A TAR is required for complication services rendered by both Family PACT providers and non-Family PACT Medi-Cal providers who assist clients referred by Family PACT providers. This TAR requirement applies to medical, anesthesia, laboratory, pharmacy and hospital providers.

Diagnosis Code Requirements for Concurrent Complications

Bill concurrent complication codes with a Family PACT primary diagnosis code (Sxx.3) and a concurrent ICD-9-CM diagnosis code.

Billing

HCFA 1500 claim form: Enter the primary diagnosis code for the complication in the *Diagnosis or Nature of Illness or Injury* field (Box 21.1) and the concurrent diagnosis code in the *Reserved For Local Use* field (Box 19).

UB-92 Claim Form: Enter the primary diagnosis code for the complication in the *Principal Diagnosis Code* field (Box 67) and the concurrent diagnosis code in the *Remarks* area (Box 84).

**URINARY TRACT INFECTION (UTI) TREATMENT COMPLICATIONS
(09940 – 09949, 5950, 5952, 5953, 5970 – 59789, 5990)**

Claim Form Completion

HCFA 1500 claim form*:* Enter the concurrent diagnosis ICD-9-CM code for UTI in the *Reserved For Local Use* field (Box 19).

UB-92 Claim Form: Enter the concurrent diagnosis ICD-9-CM code for UTI in the *Remarks* area (Box 84).

Billing

Bill with the Family PACT primary complication "S" code to designate complications of UTI treatment and also the concurrent diagnosis ICD-9-CM code (09940 – 09949, 5950, 5952, 5953, 5970 – 59789 or 5990).

See the *Family PACT: Treatment Authorization Request (TAR) [familypact26]* section in this manual for TAR instructions and the *Family PACT: Claim Form Completion Introduction [familypact28]* section in this manual for instructions to insert the TAR Control Number on the claim.

Management of Allergic Reaction (S103, S203, S303, S403, S503, S703, S903)

Bill with diagnosis code S103, S203, S303, S403, S503, S703 or S903.

UTI complication codes are billed with the following CPT-4 or HCPCS procedure codes.

Office Visit Codes:

CPT-4 codes for females: 99201 – 99204, 99211 – 99214

Facility Use

A Family PACT provider must have the appropriate Category of Service (COS) to bill for facility use.

HCPCS Code	Description
Z7500	Use of hospital examining or treatment room
Z7506	Use of operating room, first hour
Z7508	Use of operating room, first subsequent half-hour
Z7510	Use of operating room, second subsequent half-hour
Z7512	Use of recovery room

Pharmacy

Requires a TAR if not listed in the Family PACT Pharmacy Formulary. See the *Family PACT: Pharmacy Procedures [familypact41]* section in this manual.

Management of Vaso-Vagal Episode (S103, S203, S303, S403, S503, S703, S803, S903)	Bill with diagnosis code S103, S203, S303, S403, S503, S703, S803 or S903.
Office Visit Codes	CPT-4 codes for females and males: 99201 – 99204, 99211 – 99214
Facility Use	A Family PACT provider must have the appropriate Category of Service (COS) to bill for facility use.

HCPCS
Code	Description
Z7500	Use of hospital examining or treatment room
Z7506	Use of operating room, first hour
Z7508	Use of operating room, first subsequent half-hour
Z7510	Use of operating room, second subsequent half-hour
Z7512	Use of recovery room

Pharmacy	Requires a TAR if not listed in the Family PACT Pharmacy Formulary. See the *Family PACT: Pharmacy Procedures [familypact41]* section in this manual.

DYSPLASIA TREATMENT COMPLICATIONS (6221)

Claim Form Completion

HCFA 1500 claim form: Enter the appropriate concurrent diagnosis (ICD-9-CM code 6221) in the *Reserved For Local Use* field (Box 19).

UB-92 Claim Form: Enter the appropriate concurrent diagnosis (ICD-9-CM code 6221) in the *Remarks* area (Box 84).

Billing

Bill with the Family PACT primary complication "S" code to designate complications of dysplasia treatment and also the concurrent diagnosis ICD-9-CM code (6221).

See the *Family PACT: Treatment Authorization Request (TAR) [familypact26]* section in this manual for TAR instructions and the *Family PACT: Claim Form Completion Introduction [familypact28]* section in this manual for instructions to insert the TAR Control Number on the claim.

Dysplasia complication codes are billed with the following CPT-4 or HCPCS procedure codes.

Pelvic Infection Requiring Therapy (S103, S203, S303, S403, S503, S703, S903)

Bill with diagnosis code S103, S203, S303, S403, S503, S703 or S903.

Dysplasia complication codes are billed with the following CPT-4 codes or the HCPCS codes.

Office Visit Codes

CPT-4 codes for females: 99201 – 99204, 99211 – 99214

Facility Use

A Family PACT provider must have the appropriate Category of Service (COS to bill for facility use.

HCPCS Code	Description
Z7500	Use of hospital examining or treatment room
Z7506	Use of operating room, first hour
Z7508	Use of operating room, first subsequent half-hour
Z7510	Use of operating room, second subsequent half-hour
Z7512	Use of recovery room

Pharmacy

Requires a TAR if not listed in the Family PACT Pharmacy Formulary. See the *Family PACT: Pharmacy Procedures [familypact41]* section in this manual.

Hemorrhage Requiring Surgical Repair (S103, S203, S303, S403, S503, S703, S903)

Bill with diagnosis code S103, S203, S303, S403, S503, S703 or S903.

Office Visit Codes

CPT-4 codes for females: 99201 – 99204, 99211 – 99214

Facility Use

A Family PACT provider must have the appropriate Category of Service (COS) to bill for facility use.

HCPCS
Code	Description
Z7500	Use of hospital examining or treatment room
Z7506	Use of operating room, first hour
Z7508	Use of operating room, first subsequent half-hour
Z7510	Use of operating room, second subsequent half-hour
Z7512	Use of recovery room

Surgeon

CPT-4
Code	Description
57510	Cauterization of cervix; electro or thermal
57511	Cauterization of cervix; cryocautery, initial or repeat
57513	Cauterization of cervix; laser ablation
57720	Trachelorrhaphy, plastic repair of uterine cervix, vaginal approach

Laboratory

CPT-4
Code	Description
88305	Surgical pathology

Modifiers

Surgical procedures requiring anesthesiologists/medical supplies and/or drugs are billed with one of the following modifiers:

Anesthesiologist	Modifier -P1, -ZE: Normal healthy patient, elective surgery
Medical Supplies/Drugs	Modifier -ZM: Non-general anesthesia Modifier -ZN: General anesthesia

Pharmacy

Requires a TAR if not listed in the Family PACT Pharmacy Formulary. See the *Family PACT: Pharmacy Procedures [familypact41]* section in this manual*.*

Management of Vaso-Vagal Episode (S103, S203, S303, S403, S503, S703, S903)	Bill with diagnosis code S103, S203, S303, S403, S503, S703 or S903.

Office Visit Codes	CPT-4 codes for females: 99201 – 99204, 99211 – 99214

Facility Use

A Family PACT provider must have the appropriate Category of Service (COS) to bill for facility use.

HCPCS Code	Description
Z7500	Use of hospital examining or treatment room
Z7506	Use of operating room, first hour
Z7508	Use of operating room, first subsequent half-hour
Z7510	Use of operating room, second subsequent half-hour
Z7512	Use of recovery room

Pharmacy	Requires a TAR if not listed in the Family PACT Pharmacy Formulary. See the *Family PACT: Pharmacy Procedures [familypact41]* section in this manual.